U of M: Campus Card



Campus/Department Affiliation of Group:

Guest Identification Card Request

Return form to: Campus Card Office
115 Wilder Tower, Memphis, TN 38152
Fax: (901) 678-0716

Photo identification is required to obtain a U of M ID card.

First Name:	Middle Initia	l:	
Last Name:			
U Number (Banner ID):	How to obtain a Banner ID		
Dept. Phone #:			
Contact Name:			
Contact Phone #:			
Contact E-Mail:			
Organization Code:			
Indicate Period Card is needed: Start date:		End date:	
Please specify reason for requesting Campus Card privileges:			
Name of Financial Manager/Dept. Head or Designee			
Title of Financial Manager/Dept. Head or Designee			
Signature of Financial Manager/Dept. Hea	d or Designee		Date

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